TELECOMMUNICATIONS NOTES

10-Digit Dialing
301-XXX-XXXX to be required for local calls

On May 1, 1997, Bell Atlantic, NIH's local telephone service provider, will switch to 10-digit dialing for all local calls in Maryland. Everyone has already become accustomed to 10-digit local dialing when calling different "home areas" within the Washington Metropolitan area. For example, to reach northern Virginia or the District of Columbia from Bethesda, one has to dial 703-XXX-XXXX or 202-XXX-XXXX. **As of the May 1 switchover, 10 digit-dialing will be required for all calls, even those within the "home" area code**. Thus, to dial another Bethesda number from NIH, one will have to use 301-XXX-XXXX. **Note: This will affect only calls placed to non-NIH numbers. It will not affect the 5-digit dialing used for internal NIH calls.** (See article on page 2.)

The major problem for this switchover to 10-digit dialing will be for those people that have programmed non-NIH telephone numbers into their telephone sets (speed calling), cellular or mobile phones, fax machines, alarm devices, and computer programs or scripts. The good news is that everyone can start re-programming now since the DHHS/NIH digital switch will accept the 10-digit dialing.

And in related news...... since re-programming will be needed for 10-digit dialing, now is the time for everyone to stop dialing **8** for accessing FTS-2000 (long distance). As detailed in the following article, all you need to do is dial **9-1**, and then the area code and number.

> *To dial or to enter, that is the question. Telecommunications Notes considered many ways to present the information in this issue. Since we no longer "dial" our phone calls at NIH, how should we talk about the fact that we need to enter 5 or 10 or more digits into our telephone or computer or fax-machine to place calls? It clearly isn't dialing anymore. But is it typing? Entering? Pressing? Punching? We opted to stick with tradition, use "dialing," and trust that the message will be clear despite the nuances of language. After all, in order to "dial" we need the "dialtone," right?*

Use 9-1-XXX-XXX-XXXX for Long Distance
Replaces the "8" access code

NIHers are used to dialing **8** and then the area code and number for a long distance call using FTS-2000. But we don't need to do that! In fact, there are very good reasons why we should stop this practice and begin to dial **9-1** and then the area code and number:

✔ Using **9** forces the call into "Automatic Routing" software that can determine if the call is local or FTS-2000. The call is then routed accordingly. At present, when someone dials **8** the call goes directly to FTS-2000 facilities. If, by accident, they then dial a local number (202-555-1212), the call will be carried at FTS rates (about 5 cents per minute), instead of a flat local call rate (about 9 cents per call). The Telecommunications Branch (TCB) looked into this several months ago, and found NIH is spending over $8,000 per month on FTS-2000 completing local calls. All of these unnecessary FTS-2000 charges, which go to the individual ICDs, can be avoided by using **9-1**-XXX-XXX-XXXX to place long distance calls.

✔ By removing **8** as an access code, we will have one more internal NIH exchange for future growth. Since we use 5-digit dialing (see article on page 2), the third digit of the exchange is the first digit we dial. For example, the TCB help desk number is 435-4357, but NIH users dial 5-4357 (5-HELP). If we remove **8** as an access code, it can be used later as the third digit of a new NIH exchange, hence the first digit of a five-digit telephone number, e.g. 8-XXXX.

Everyone should begin now to use 9-1 to access FTS-2000. Note that this will require changing telephone numbers that are programmed into telephone sets (speed calling), cellular or mobile phones, fax machines, computer programs or scripts. After a testing period to ensure there are no problems, TCB plans to remove the **8** access code. (Some telephones are restricted from access to FTS-2000, and that restriction will remain with **9-1** access. If you have questions about the access privileges on your phone, please call the TCB help desk.)

Questions? Call 5-HELP

Continue to Use 5-digit Dialing for Internal NIH Calls

All users on the DHHS/NIH digital telephone switch should reach others using 5-digits. Using **9** and the full 10-digit NIH number is *not* necessary.

0-XXXX reaches all 301-480-XXXX numbers

2-XXXX reaches all 301-402-XXXX numbers

3-XXXX reaches all 301-443-XXXX numbers

4-XXXX reaches all 301-594-XXXX numbers

5-XXXX reaches all 301-435-XXXX numbers

6-XXXX reaches all 301-496-XXXX numbers

7-XXXX reaches all 301-827-XXXX numbers

New Service Alert!!!

Two new services are being made available by the Telecommunications Branch (TCB):

Audioconferencing

TCB has established a new contract that will provide access to improved audio-bridge services for NIH programs. Until now, NIH has been limited to the use of FTS-2000 audioconferencing services. The FTS-2000 service has limited capacity, little reservation flexibility, and does not support polling or subconference services. The new contract, which will utilize American Teleconference Services (ATS), will provide users a higher level of conference call management services and more features than are available through FTS-2000. Analysis of the new service shows that, while it is 20% more costly than FTS-2000 conference calls, it is one-half the cost of commercial rates. The new service is available through a Record of Call mechanism. **For additional information, call the TCB help desk at 5-HELP. A description of the service also will be available on the TCB WWW page (see box).**

Wireless Communication

TCB, in partnership with the Office of Financial Management and the Office of Procurement Management, is streamlining the acquisition of wireless equipment and services, i.e., cellular telephones and pagers. In the past, procedures dictated that TCB was responsible for clearing use of wireless services and for providing wireless equipment and services to the ICDs. Under this new procedure, TCB is responsible for establishing and monitoring a wireless program that provides access for NIH ICDs to a variety of wireless services. Individual users in the ICDs, in cooperation with their respective Administrative and Executive Officers, are responsible for determining and documenting if there is a *bona fide* need for this type of telecommunication services. The user is also responsible for paying for wireless communication equipment and services using the NIH I.M.P.A.C. purchase card as the procurement vehicle.

TCB has made arrangements with seven vendors who will provide NIH users a wide variety of equipment and services for wireless communication. The vendors have agreed to provide these services at competitive rates and to provide the NIH users and TCB with monthly management reports. This will provide NIH with access to a broad range of service offerings, while maintaining accountability and management control of NIH resources.

The agreements are expected to be in place by early May, at which time TCB will send notification to all Executive Officers, Administrative Officers, and ordering personnel. In order to access the services, users will be required to register with TCB. The Manual Issuance on Wireless Communication Services is being revised, and will be made available via hard copy and under "Information for Employees" on the NIH HomePage (http://www.nih.gov). Information about these services will also be made available on the TCB WWW page (see box.)